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PTO/SB/08a (07-05)
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

of

(Use as many sheets as necessary)

Complete if Known10/570,039				
Application Number	Alow U.S. National Phase Application			
Filing Date	February 28, 2006			
First Named Inventor	BROWN, Colin et al.			
Art Unit	₩A 3752			
Examiner Name	MA D Nguyen			
Attorney Docket Number	GIV.P30096			

	U.S. PATENT DOCUMENTS					
Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where	
		Number - Kind Code ^{2 (# known)}	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear	
		US- 6,708,897	03-23-2004	HART, et al.		
	l	US- 5,875,968	03-02-1999	MILLER, et al.		
		US- 5,121,881	06-16-1992	LEMBECK		
		US-2004060997	04-01-2004	JONES		
		US-2004065750	04-08-2004	KOTARY, et al.		
		US-2004164181	08-26-2004	HART, et al.		
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FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T
		Country Code ³ - Number ⁴ - Kind Code ⁵ (if known)				™
		WO 02/34302	05-02-2002	RECKTT BENCKISER		
		WO 2004/032620	04-22-2004	S.C. JOHNSON & SON INC		1
		WO 01/23008	04-05-2001	GIVAUDAN SA		1
		WO 99/03514	01-28-1999	S.C. JOHNSON & SON INC		-
		FR 2522270	09-02-1983	BERGER PRODUITS		
		EP 0501601	09-02-1992	RECKITT & COLMAN INC		-
	-	WO 98/16262	04-23-1998	S.C. JOHNSON & SON INC		-
	L	*See Derwent Abstract				

Examiner	(Dish Managar)	Date	01/20/2009
	/Dinh Nauven/	Date	01/20/2009
Signature	1	Considered	
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EXAMINER: Intial if reference considered, whether or not citation is in conformance west MEPE 600. Draw his through citation of not in gonformance and not considered include copy of his form with next communication to applicate. Applicant's unspice citation designation, caused in the conformance and not considered includes the c Translation is attached.

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Substitute for form 1449B/PTO				Complete if Known		
				Application Number	New (S. Matienel Phase Application	
INFORMATION DISCLOSURE				Filing Date	New (S. Stational Phase Application February 2: 202	
STATEMENT BY APPLICANT (Use as many sheets as necessary)				First Named Inventor	BROWN, Colin et al.	
			414.1	Art Unit	N/A	
				Examiner Name	N/A	
Sheet 2	2	of	2	Attorney Docket Number	GIV.P30096	

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where publisher.	7
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Examiner Signature	/Dinh Nguyen/	Date Considered	01/20/2009
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